



South Carolina Department of Insurance

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Columbia, South Carolina 29223
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Columbia, South Carolina 29202-3105
(803) 737- 6134

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

Application for the Continuation of Resident Surety Bondsmen License For the Period July 1, 2006 thru June 30, 2007

This application must be completed in its entirety and returned to this Department by **May 15, 2006**. Pursuant to Section 38-53-90, please attach a current SLED background report to this form. If the application and supporting documents are not received within the stated deadline, your surety bondsman license will not be issued.

Section 1- Personal Information (complete entire section) SSN, Name, Address, Zip

_____	_____	_____	_____	_____	_____
Last Name	First Name	MI	SSN		
_____	_____	_____	_____	_____	_____
Home Address (Do not use PO Box)	City	State	Zip Code	SC Driver's Lic. #	

Section -2. Employment Information (complete entire section)

Are you currently licensed as a Surety Bail Agent? Yes: _____ No: _____

Were you ever convicted, pled guilty, or pled no contest in any criminal proceeding during the licensing period of July 1, 2005, thru June 30, 2006? Yes: _____ No: _____ (If yes, attach supporting information from the court.)

_____ (_____) _____
Name of Firm or Affiliated Bonding Company Business Telephone #

_____ South Carolina _____
Business Address (Do not use PO Box) City Zip Code

Section 3- Current Runner Bondsmen

Provide the Names and SSN of individual(s) licensed as Runners within your agency. (Attach a separate sheet if necessary)

Names	SSN
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Section-4 Applicant's Sworn Statement

I do solemnly swear that all information contained within this application is complete, true and correct to the best of my knowledge.

Sworn to before me this _____ day of _____ 2006

_____ Signature of Applicant

_____ (_____) _____
Notary Public / Commission Expires Home Phone #